

FILED DEG 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37147

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5476 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lincoln twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lincoln</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 2</u>			
3. NAME OF DECEASED a. (First) <u>Pearley Wilbur Shelton</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2, 1954</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
8. DATE OF BIRTH <u>Dec 29, 1873</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ross</u>	14. NAME OF HUSBAND OR WIFE <u>MARY THARP Shelton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Florence Harvey Trenton, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Bronchial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 d.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy</u> DUE TO (c) <u>Arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25-, 1954, to 12-2-, 1954, that I last saw the deceased alive on 11-27-, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. Susan Trenton</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>12-3-1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 5, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-5-54</u>	REGISTRAR'S SIGNATURE <u>Jesse Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson Funeral Home</u>	ADDRESS <u>Trenton, Mo.</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leo G. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Trenton, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.